**KEY INFORMANT INTERVIEWS PLANNING PHASE QUESTIONS**

*1. Planning Process*

1.1     What has been the organizational structure used for the planning process?

1.2     Planning Group

    1.2.a    Who makes up your planning group?

    1.2.b    How was membership selected for your planning group?

    1.2.c    Did the planning group exist prior to planning for the CAP?

    1.2.d    What was the mission of the planning group?

    1.2.e    How does the planning group function (i.e., process of decision-making)?

    1.2.f    Who does the planning group report to?

    1.2.g    Is the planning group involved in planning for other initiatives in your county?

    1.2.h    Have there been any changes in the membership of the planning group since planning began for the CAP?

    1.2.i    What has been the role of the Court in the planning process?

    1.2.j    What has been the role of related agencies (e.g., mental health, education) in the planning process?

1.3     Planning Status

    1.3.a    Where are you in the planning process?

    1.3.b    When did the planning for the CAP begin?

    1.3.c    How often do you meet to plan for the CAP?

    1.3.d    How many meetings have been held to date?

1.4     Planned Interventions/Service Activities

    1.4.a    How did you select the various interventions/activities outlined in the CAP plan?

    1.4.b    How did you select the various target populations outlined in the CAP plan?

1.5     Planning Process Facilitators and Barriers

     1.5.a   What facilitators to the planning process have been encountered?

     1.5.b   What barriers to the planning process have been encountered?

     1.5.c   How have those barriers to the planning process been overcome?

     1.5.d   Has the planning process been successful?

## 2. *Implementation Requirements*

2.1     What do you see as the necessary implementation requirements for the CAP?

2.2     Education and Training

     2.2.a   What has been the process for educating county staff on the CAP?

     2.2.b   What has been the process for educating outside organizations on the CAP?

     2.2.c   Has any new training been necessary (program and/or administration/finance)?

2.3     Staffing Structure

     2.3.a   (Program) Do you anticipate that there will be staffing changes required (i.e., new staff and/or restructuring)?

     2.3.b   (Administration/Finance) Do you anticipate that there will be staffing changes required (i.e., new staff and/or restructuring)?

2.4     Oversight and Monitoring

     2.4.a   How do you plan to supervise and monitor your CAP implementation?

     2.4.b   Will this differ from how you have supervised previous programs?

     2.4.c   What staff will you use to supervise the CAP implementation?

2.5     Problem Resolution

     2.5.a   Do you think the plans for this project are realistic and/or practical?

     2.5.b   Have you encountered (or anticipate )any problems during the planning phase of the CAP?

     2.5.c   How did you (or plan) to solve those issues?

2.5.d   Have you developed a mechanism for inter-organizational problem resolution?

2.6     Attitudes

2.6.a   What are the attitudes of the program staff towards the CAP?

2.6.b   What are the attitudes of the administration/finance staff towards the CAP?

2.7     Leadership

2.7.a   What kind of leadership will be necessary for a successful implementation of the CAP?

2.7.b   What will be the necessary source(s) of leadership for a successful implementation of the CAP?

2.8     Are there any additional implementation requirements not previously mentioned?

## 3.  Expected Impacts

3.1     What are the expected impacts of the CAP implementation on the organization?

3.2     Are there concerns about the long-term viability of operating in a capped allocation environment?

## 4.  Contextual Factors

4.1     Are there any political issues that might impact your ability to implement the CAP?

4.2     Are there any mandated requirements that might impact your ability to implement the CAP?

4.3     How does your agency's relationship with CDSS potentially influence your implementation of the CAP?

4.4     How does your agency's relationship with your Board of Supervisors potentially influence your implementation of the CAP?

4.5     How does your agency's relationship with your Courts potentially influence your implementation of the CAP?

4.6     Are there any other political forces that might have an impact on your ability to implement the CAP, such as organized labor, the media, or advocacy groups?

4.7    Are there any unique demographic factors (e.g., language needs, etc.) of your client population that might impact your ability to implement the CAP?

4.8    Are there any social/economic factors in your county that might impact your implementation of the CAP?

## SITE VISIT 2—CW KEY INFORMANT INTERVIEW

### 17. Implementation

*17.a The Waiver and Other DCFS activities.*

17.a.1 How does the Waiver fit in with the overall philosophical approach being taken by DCFS?

17.a.2 What is the relationship between DCFS's Waiver Plan and the SIP?

*17.b Monitoring Implementation*

17.b.1 Describe the structure and the process for monitoring the implementation of the Waiver project.

17.b.2 How are external groups involved in the monitoring process of the Waiver project?

*17.c Management Information System*

17.c.1 Describe DCFS's management information system (MIS) capacity?

17.c.2 What are the various sources (internal/external) of information necessary to inform decision-making?

17.c.3 Are the information sources integrated and linked to outcomes?

17.c.4 Are there plans for changes in MIS capacity?

*17.d Decision-Making*

17.d.1 Who has the authority to make decisions made about future Waiver activities/directions?

17.d.2 What is the process for arriving at those decisions?

*17.e Implementation of the Department's Project Plan (program)*

17.e.1 What is the status of the current sequence of service programs to be implemented? (insert the specific service programs depending on county and agency)

17.e.2 What have been some of the barriers to getting those programs implemented and how has the agency responded?

17.e.3 What kinds of policy, program, and staffing changes have been necessary for implementation of the programs?

17.e.4 What has been the role of the union in this process?

*17.f Fiscal Implementation*

17.f.1 Describe the ongoing mechanisms for implementing the fiscal aspects of the Waiver including tracking revenue and reporting expenditures.

17.f.2 Describe the results of monitoring expenditures and assessing the effectiveness of services to date.

17.f.3 What expenditures have been claimed for expanded services to date under the Waiver?

17.f.4 Describe any efficiencies in spending achieved in the most recent state fiscal year. Describe any savings that have occurred to date under the Waiver.

17.f.5 Describe any fiscal barriers that have occurred to date in administering the Waiver.

*17.g Implementation Inputs*

17.g.1 What kinds of changes in the organization of the agency have been necessary (i.e., Waiver coordinator positions)

17.g.2 What kinds of technical assistance have been necessary to implement the Waiver.

17.g.3 How crucial to a successful implementation is the involvement of Casey Family Programs?

17.g.4 Are there other kinds of "inputs" necessary for a successful implementation (e.g., other waivers)

*17.h Implementation Barriers and Facilitators (internal or within the professional community)*

17.h.1 What kinds of barriers have inhibited implementation? How have you over come them?

17.h.2 What kinds of things have facilitated implementation?

*17.i Leadership*

17.i.1 What kind of leadership is necessary for a successful implementation of the Waiver?

17.i.2 Has that idea shifted as the Waiver has gone on?

*17.j Contextual Factors*

17.j.1 What community factors affect the implementation?
-demographic characteristics
-politics
-media
-interest groups

17.j.2 Describe the relationship with the Board of Supervisors.

17.j.3 What strategies have been used to inform external groups and keep them involved?

17.j.4 What has been the impact of other local and/or state initiatives?

SITE VISIT 2—PROBATION KEY INFORMANT INTERVIEW

## 17. Implementation

*17.a The Waiver and Other Probation activities.*

17.a.1 How does the Waiver fit in with the overall philosophical approach being taken by Probation to improve outcomes?

17.a.2 What is the relationship between Probation's Waiver Plan and the SIP?

*17.b Monitoring Implementation*

17.b.1 Describe the structure and the process for monitoring the implementation of the Waiver project.

17.b.2 How are external groups involved in the monitoring process of the Waiver project?

*17.c Management Information System*

17.c.1 Describe Probation's management information system (MIS) capacity?

17.c.2 What are the various sources (internal/external) of information necessary to inform decision-making?

17.c.3 Are the information sources integrated and linked to outcomes?

17.c.4 Are there plans for changes in MIS capacity?

*17.d Decision-Making*

17.d.1 Who has the authority to make decisions made about future Waiver activities/directions?

17.d.2 What is the process for arriving at those decisions?

*17.e Implementation of the Department's Project Plan (program)*

17.e.1 What is the status of the current sequence of service programs to be implemented? (insert the specific service programs depending on county and agency)

17.e.2 What have been some of the barriers to getting those programs implemented and how has the agency responded?

17.e.3 What kinds of policy, program, and staffing changes have been necessary for implementation of the programs?

17.e.4 What has been the role of the union in this process?

*17.f Fiscal Implementation*

17.f.1 Describe the ongoing mechanisms for implementing the fiscal aspects of the Waiver including tracking revenue and reporting expenditures.

17.f.2 Describe the results of monitoring expenditures and assessing the effectiveness of services to date.

17.f.3 What expenditures have been claimed for expanded services to date under the Waiver?

17.f.4 Describe any efficiencies in spending achieved in the most recent state fiscal year. Describe any savings that have occurred to date under the Waiver.

17.f.5 Describe any fiscal barriers that have occurred to date in administering the Waiver.

*17.g Implementation Inputs*

17.g.1 What kinds of changes in the organization of the agency have been necessary (i.e., Waiver coordinator positions)

17.g.2 What kinds of technical assistance have been necessary to implement the Waiver.

17.g.3 How crucial to a successful implementation is the involvement of Casey Family Programs?

17.g.4 Are there other kinds of "inputs" necessary for a successful implementation (e.g., other waivers)

*17.h Implementation Barriers and Facilitators (internal or within the professional community)*

17.h.1 What kinds of barriers have inhibited implementation? How have you over come them?

17.h.2 What kinds of things have facilitated implementation?

*17.i Leadership*

17.i.1 What kind of leadership is necessary for a successful implementation of the Waiver?

17.i.2 Has that idea shifted as the Waiver has gone on?

*17.j Contextual Factors*

    17.j.1 What community factors affect the implementation?
          -demographic characteristics
          -politics
          -media
          -interest groups

    17.j.2 Describe the relationship with the Board of Supervisors.

    17.j.3 What strategies have been used to inform external groups and keep them involved?

    17.j.4 What has been the impact of other local and/or state initiatives?

## PROCESS STUDY: CHILD WELFARE WORKER/SUPERVISOR SURVEY

Thank you for participating in this brief survey. The following questions concern the Capped Allocation Project (CAP) taking place in your county and the responses to the survey will be included in the evaluation of the CAP. Your responses are confidential.

Please select the <u>one</u> best response for each question.

1. Are you a

   o  Child Welfare Worker
   o  Child Welfare Supervisor

2. Which of the following categories best represents the majority of your day-to-day work?

   o  Emergency Response
   o  Family Maintenance
   o  Family Reunification
   o  Permanency Placement
   o  Other

3. How would you rate your knowledge of the CAP that is taking place in your county?

   1  No knowledge of the CAP
   2  Limited knowledge of the CAP
   3  Some knowledge of the CAP
   4  Knowledgeable of the CAP
   5  Very knowledgeable of the CAP

4. How would you rate the CAP's overall influence on your day-to-day work with children and families?

   0  Not able to determine
   1  No influence on day-to-day work
   2  Limited influence on day-to-day work
   3  Some influence on day-to-day work
   4  Regular influence on day-to-day work
   5  A lot of influence on day-to-day work

5. Do you feel the CAP is having a positive effect on the child welfare environment in your county?

   o  Not able to determine
   o  Yes
   o  No

6. Do you feel a wider array of services for your clients have become available within the last six months?

   ○ Not able to determine
   ○ Yes
   ○ No

Thank you for participating!

## PROCESS STUDY: DEPUTY PROBATION OFFICER/SUPERVISOR SURVEY

Thank you for participating in this brief survey. The following questions concern the Capped Allocation Project (CAP) taking place in your county and the responses to the survey will be included in the evaluation of the CAP. Your responses are confidential.

Please select the <u>one</u> best response for each question.

1.  Are you a

    o   Deputy Probation Officer
    o   Supervising Deputy Probation Officer

2.  Which of the following categories best represents the majority of your day-to-day work?

    o   Investigations
    o   Community Probation
    o   Placement and Family Preservation
    o   Other

3.  How would you rate your knowledge of the CAP that is taking place in your county?

    1   No knowledge of the CAP
    2   Limited knowledge of the CAP
    3   Some knowledge of the CAP
    4   Knowledgeable of the CAP
    5   Very knowledgeable of the CAP

4.  How would you rate the CAP's overall influence on your day-to-day work with children and families?

    0   Not able to determine
    1   No influence on day-to-day work
    2   Limited influence on day-to-day work
    3   Some influence on day-to-day work
    4   Regular influence on day-to-day work
    5   A lot of influence on day-to-day work

5.  Do you feel the CAP is having a positive effect on the child welfare environment in your county?

    o   Not able to determine
    o   Yes
    o   No

6. Do you feel a wider array of services for your clients have become available within the last six months?

   ○ Not able to determine
   ○ Yes
   ○ No

Thank you for participating!

## SITE VISIT 1 GUIDE—CHILD WELFARE FOCUS GROUPS

### 1. Internal Case Management

*1.a Screening process*

    1.a.1   Describe process from call/referral to opening of case:

    1.a.2   What are the criteria used by DCFS to screen out at the initial referral?

    1.a.3   Does DCFS have a screening tool that is used to systematically determine whether a case should be opened?

    1.a.4   Is there designated screening staff?

    1.a.5   If so, what are the qualifications of the staff that screens cases?

    1.a.6   Is data on all referrals/calls (and their disposition) systematically kept in an automated system?

*1.b Intake/Investigation*

    1.b.1   Describe intake/investigation function.

    1.b.2   Are cases distributed by geographic area?

    1.b.3   For what cases do you use SDM (or another risk-assessment tool)?

    1.b.4   When you do a risk assessment, do you ever use an abbreviated version of the SDM tool?

    1.b.5   In addition to (or in place of) SDM, do you complete any other assessment tool?

    1.b.6   When did you initiate the risk assessment process?

*1.c Unit structure  (Verify DCFS unit structure)*

    1.c.1   What is *current* DCFS unit structure for bulk of cases?

    1.c.2   When was the most recent change in unit structure?

    1.c.3   Do you have any specialized unit to serve different populations (beyond usual units for adoption, home finding, etc).

*1.d Caseload Analysis*

    1.d.1   Are you using any caseload analysis (data trends) in your case management processes?

## 2. Court Involvement

2.a    How would you describe DCFS's relationship with the Court?

2.b    Are there specific issues? (e.g., not dismissing, ordering particular services)

## 3. Service Array

3.a    What are three services that are most sufficient in your county (can access whenever needed)?

3.b    What are three services that are most problematic to access for your clients?

    3.a.1    Service Gaps: How are these services insufficient?

    3.a.2    How do you deal with the insufficiency?

3.c    New services: In the last year or two, what new services (internal and external) have been developed in your county?

3.d    Have there been changes in the way you are using particular services (e.g. using family preservation now more as prevention effort, rather than last effort to prevent placement)?

3.d    Has DCFS consciously shifted service focus (of services provided to DCFS clientele) in the last 3 years?

    3.d.1    If yes, in what direction (prevention, placement, permanency)?

3.e    How is this shift in service focus reflected in internal staffing and in contracting?

3.f    How geographically accessible are DCFS services (direct or contract provided) to families? How has this been addressed (e.g. transportation, community-based branch)? Describe improvements or issues that need to be addressed.

3.g    Generally, who decides what services a family receives (Family Involvement)?

3.h    Generally, who decides what providers serve a family (Family Involvement)?

3.i   How much discretion do workers have in what services to provide to a family?

## 4. Targeting

4.a   Is PCSA providing services (directly or by contract) to a demographic/cultural subgroup? If yes, what subgroup is targeted?

4.b   What unique services are provided to these special populations (dedicated unit, dedicated services)?

4.c   What services are not sufficiently available for this population?

4.c   What are your plans for change in the area of population targeting?

## 5. External Case Management

5.a   Who carries case management responsibility? If yes, at what stages of case moving through the system does the CM change (internal and external transfers)?

## 6. Provider Competition

6.a   What proportion of services that clients obtain through the DCFS (excluding cm) currently come through contract vs. direct provision by DCFS?

6.b   Has that pattern changed in the last 12 months?

6.c   To what extent do providers use subcontractors?

6.d   Any changes made in the last year in rates being paid for particular services to stimulate growth (e.g. foster care per diem)?

## 7. Finance Methods

7.a   Any capitated or case rate contracts by DCFS (alone or as part of interagency effort where DCFS has committed funds)?

7.b   Extent to which capitated contractor has discretion over how to use funds

7.c   What are your plans for changes in the future in capitation financing arrangements (changes to existing or new plans)?

## 8. Utilization Review

8.a  How does DCFS oversee/monitor use of OOH placements?
Pre-placement review process?
Periodic reviews during placement?

8.a.1  How long has the process(es) been in place?

8.a.2  How much has it reduced placement use?

8.b  Does DCFS operate with any *formal* limitations on number of placements (planful use of placements)?

8.b.1  How long have these limits been in place?

8.c  Does DCFS use any types of rational decision rules to control access to services (at management level)?

8.d  What plans for changes in UR activities?

8.e  How would you describe DCFS's automated MIS capacity?

8.f  What plans for changes in MIS capacity?

## 9. Quality Assurance

9.a  What types of quality control (*compliance*) does DCFS use with foster care providers?

9.b  What types of quality *enhancement* does DCFS use for child welfare workers?

## 10. Expenditures

10.a  Who has control over where to spend money and how agency changes program direction?

10.b  Availability of flexible funds:

10.c  Access to flexible funds:

## 11. Revenue

11.a   Has the department had access to non-categorical funds in the last 3 years: levy, donations, etc.? (decrease, increase, no change)

   11.a.1   What has the DCFS been able to do with the funds?

11.b   How important are Medicaid funded services for DCFS kids?

11.c   How much consideration does DCFS give to Medicaid match, in making service decisions?

11.d   Have there been issues accessing Medicaid funding?

## 12. Morale

12.a   Worker Morale

   12.a.1   Staff feel supported by supervisor?

   12.a.2   Administration shares information and is trusted?

   12.a.3   Staff understand and agree with vision/direction of agency?

   12.a.4   Staff have input into developing agency policy?

12.b   Supervisor Morale

   12.b.1   Staff feel supported by supervisor?

   12.b.2   Administration shares information and is trusted?

   12.b.3   Staff understand and agree with vision/direction of agency?

   12.b.4   Staff have input into developing agency policy?

## 13. Leadership

13.a   How important is leadership in the successful operation of the department?

13.b   What forms of leadership are important to the successful operation of the department?

## 14. Interagency Collaboration

14.a   Strength of relationship between DCFS and mental health board/its providers

14.b   Strength of relationship between DCFS and juvenile court:

14.c   In addition, any collaborative efforts to develop programs/services to improve service delivery?

## 15. Community Well-Being

15.a   What community factors affect the work of the department?

## SITE VISIT 1 GUIDE—PROBATION FOCUS GROUPS

### 1. Children in the System

1.a    Who are the children in the Suitable Placement/Foster Care (SP/FC) Program?

1.b    What kinds of activities/behaviors bring children to the attention of the SP/FC Program?

### 2. Caseflow

2.a    How do children come into the system?

2.b    What are the possible placement pathways for children in the system (e.g., placement changes)?

2.c    How do children exit the system?

2.d    What are the permanency goals?

2.e    What kinds of strategies are used to control caseflow in some way (i.e., reducing the number of kids in the system by preventing entry and encouraging exit—or reduce placement moves)?

### 3. Case Management

3.a    How does the case management function work?

3.b    What is the role of the DPO? SDPO?

3.c    Does it vary by placement type (group home, relative, foster home)?

3.d    What (if any) standardized decision-making tools are used?

3.e    What are the guiding principles in the SP/FC (e.g., safety, stability, permanency, well-being)?

3.f    What does case planning look like?

3.g    Are families involved in the decision-making and/or the case planning process?

## 4. Services

4.a    What kinds of services are typically necessary?

4.b    What kinds of service gaps are there (services you wish you had access to)?

4.c    Is it an environment that is open to new kinds of services and approaches?

## 5. Caseload

5.a    What is the relationship between workload and total caseload?

5.b    What kinds of things create workload issues?

## 6. Staffing

6.a    What does the staffing structure look like (various roles)?

6.b    What is the difference between regional and on-site supervision?

6.c    How much of an issue is staff attrition?

6.d    What are the various reasons for attrition?

## 7. Court

7.a    What is the relationship with the Court?

7b.    What are the particular issues that affect the process?

## 8. Contracting

8.a    How is contracting structured with service providers (e.g., group homes)?

## 9. Collaboration

## 10. Other Topics

## SITE VISIT 2 GUIDE—CHILD WELFARE FOCUS GROUPS

### 1. Internal Case Management

*1.a Screening process*

    1.a.1   Describe process from call/referral to opening of case:

    1.a.2   What are the criteria used by DCFS to screen out at the initial referral?

    1.a.3   Does DCFS have a screening tool that is used to systematically determine whether a case should be opened?

    1.a.4   Does the screening tool:
--Include Risk Assessment items
--Focus on family strengths?

    1.a.5   Is there designated screening staff?

    1.a.6   If so, what are the qualifications of the staff that screens cases?
--Ordinary workers
--Additional education
--Additional training
--Other (i.e. supervisor)

    1.a.7   What are the referrals/resources/diversion services for screened out cases?

    1.a.8   How long have you been using this screening approach?

    1.a.9   Is data on all referrals/calls (and their disposition) systematically kept in an automated system?

*1.b Intake/Investigation*

    1.b.1   Describe intake/investigation process.

    1.b.2   For what cases do you use SDM (or another risk-assessment tool)?
--Open cases of alleged abuse or neglect
--delinquent cases (601, 602)
--Dependency cases
--For every case opened to services
--Others

    1.b.3   When did you initiate the risk assessment process?

*1.c TDMs/FGDM*

    1.c.1    What is the role of TDMs/FGDM in determining whether cases are opened?

    1.c.2    What is the role of TDMs/FGDM in determining how placements are made?

    1.c.3    How has this affected overall caseload size, thus far?

*1.d Cases in Reunification:* What are the decision-making processes regarding initial placement and placement changes?

    1.d.1    What level of discretion do child welfare workers have in making these decisions?

    1.d.2    Is there an explicit order of preference for placement choice (e.g., relative home, non-kin FH, concurrent placement-fost/adopt, FFA)?

    1.d.3    How is that preference communicated (e.g., requires supervisor approval)?

    1.d.4    What issues impact these decisions (e.g., need for approval of relative homes and limited staff time to do so; inadequate pool of concurrent placements)?

*1.e Cases in Permanency:* What are the decision-making processes regarding permanency?

    1.e.1    What level of discretion do child welfare workers have in making these decisions?

    1.e.2    What permanency options are available?

    1.e.3    What issues impact these decisions (e.g., need to go through approval of supervisor; or can access non-kin concurrent placements via a special committee; or an explicitly communicated willingness to use Kin-Gap if adoption is not acceptable to the family)?

*1.f Relative Placements:* What is your approach to relative placements?

    1.f.1    Informal/Voluntary (are these done) vs. Court-ordered (only these)?
          --who might have custody (parent, relative, county)?

    1.f.2    Under what conditions would a relative's home be licensed? Approved in another way?

    1.f.3    Under what conditions would a relative be paid a foster care rate (vs. eligible for TANF)?

    1.f.4    If a relative is paid a foster care rate, is it the same as the regular foster care rate?

    1.f.5    Are there any other subsidies or assistance provided to relatives?

1.f.6    Are there any system/resource issues impacting the use of kin placements?

*1.g Unit structure  (Verify DCFS unit structure)*

1.g.1    What is *current* DCFS unit structure for bulk of cases?
--Traditional:  separate intake and ongoing unit
--Integrated teams of intake and ongoing workers together
--Integrated team with additional support staff in the same unit
--Intake unit and ongoing unit which carries cases to finalization or reunification (i.e. through adoption)

1.g.2    When was the most recent change in unit structure?

1.g.3    Do you have any specialized unit to serve different populations (beyond usual units for adoption, home finding, etc).

*1.h Caseload Monitoring*

1.h.1    Are you doing any caseload monitoring in your case management processes?

1.h.2    What is the caseload size in different units?

## 2. Court Involvement

2.a How would you describe DCFS's relationship with the Court?

2.b Are there specific issues? (e.g., not dismissing, ordering particular services)

## 3.  Service Array (child welfare programs, foster care placement types, discrete services)

3.a What are three services (internal or external) that are most sufficient in your county (can access whenever needed)?

3.b What are three services (internal or external) that are most problematic to access for your clients?

3.b.1    Service Gaps:  How are these services insufficient?

3.b.2    How do you deal with the insufficiency?

3.c New services:  In the last year or two, what new services (internal and external) have been developed in your county?

3.d Have there been changes in the way you are using particular services (e.g. using family pres now to support reunification, rather than last effort to prevent placement)?

3.d Has DCFS consciously shifted service focus (of services provided to DCFS clientele) in the last 3 years?

   3.d.1 If yes, in what direction (prevention, placement, concurrent planning, permanency)?

3.e How is this shift in service focus reflected in internal staffing and in contracting?

3.f How geographically accessible are DCFS services (direct or contract provided) to families? How has this been addressed (e.g. transportation, community-based branch)? Describe improvements or issues that need to be addressed.

3.g Generally, who decides what services a family receives?

3.h Generally, who decides what providers serve a family?

3.i How much discretion do workers have in what services to provide to a family?
   -Very clear and formal practice guidelines
   -Consultation with supervisor
   -Alone or in consultation with peers
   -How much specific direction does the court provide/dictate services?

## 4. Targeting

4.a Is DCFS providing services (directly or by contract) to a demographic/cultural subgroup? If yes, what subgroup is targeted?

4.b What unique services are provided to these special populations (dedicated unit, dedicated services)?

4.c What services are not sufficiently available for this population?

4.c What are your plans for change in the area of population targeting?

## 5. External Case Management

5.a Who carries case management responsibility: what proportion is internal/external?

   If any external: What level of monitoring/control is in place?

## 6. Provider Competition

6.a What proportion of services that clients obtain through the DCFS (excluding CM) currently come through contract, or referral out (paid for through grant), or direct provision by DCFS?

6.b Has that pattern changed in the last 12 months?

6.c To what extent do providers use subcontractors?

6.d Any changes made in the last year in rates being paid for particular services to stimulate growth (e.g. foster care per diem)?

If yes, in what service areas and what percentage changes?

## 7. Finance Methods

7.a Any capitated or case rate contracts by DCFS (alone or as part of interagency effort where DCFS has committed funds)?

7.b If yes, get more detail: Obtain a copy of payment section of contract that describes how the contractor can spend funds

7.c Extent to which capitated contractor has discretion over how to use funds

7.d What are your plans for changes in the future in capitation financing arrangements (changes to existing or new plans)?

## 8. Utilization Review

8.a How does DCFS oversee/monitor use of OOH placements? (pre-placement reviews, periodic reviews during placement)
--decision to place a child?
--type/level of placement to use?
--choice of FFA vs. county foster care?
--length of stay?

8.a.1 How long has the process(es) been in place?

8.a.2 How much has it reduced or increased placement use?

8.b Does DCFS operate with any *formal* limitations on number of placements (planful use of placements)?
- Is there an overall target?

- Target by placement type (e.g. residential)?
- Strict ceiling amount by type, so that need special approval to exceed?
- Strict overall ceiling?

8.b.1  How long have these limits been in place?

8.c  Does DCFS use any types of rational decision rules to control access to services (at management level)?
-Using outcome data
-Using best practice guidelines
-Based simply on service provider capacity
-Case by case or provider by provider

8.d  What plans for changes in UR activities?

8.e  Have you identified any trends in service utilization (this question added 04.24.08)

## 9. Quality Assurance

9.a  What types of quality control (*compliance*) does DCFS use with foster care providers?
--Monitoring visits to network foster homes to assess safety and compliance with regulations
--Automated tracking of mandatory reviews and filings
--Contractual sanctions for non-compliance
--None

9.b  What types of quality *enhancement* does DCFS use for child welfare workers?
--DCFS training beyond minimal state requirements
--Worker access to technical experts
--Ongoing supervisor mentoring (i.e. on a weekly or monthly basis), peer shadowing (formalized)
--Consumer satisfaction surveys
--Cross-specialty or cross-agency training
--Contractual rewards for performance
--Staff rewards for performance

## 10. Expenditures

10.a  Who has control over where to spend money and how agency changes program direction?

10.b  Availability of flexible funds:

10.c  Access to flexible funds:

## 11. Revenue

11.a Has the department had access to non-categorical funds in the last 3 years: levy, donations, etc.? (decrease, increase, no change)

    11.a.1 What has the DCFS been able to do with the funds?

11.b How important are Medicaid funded services for DCFS kids?

11.c How much consideration does DCFS give to Medicaid match, in making service decisions?

11.d Have there been issues accessing Medicaid funding?

## 12. Morale

12.a Worker Morale

    12.a.1  Staff feel supported by supervisor?

    12.a.2  Administration shares information and is trusted?

    12.a.3  Staff understand and agree with vision/direction of agency?

    12.a.4  Staff have input into developing agency policy?

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13.a How important is leadership in the successful operation of the department?

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14.a Strength of relationship between DCFS and mental health board/its providers

14.b Strength of relationship between DCFS and juvenile court:

14.c In addition, any collaborative efforts to develop programs/services to improve service delivery?

## 15. Contextual Factors (formerly Community Well-Being—changed 04.24.08)

15.a What community factors affect the work of the department?
-demographic characteristics
-politics
-media
-interest groups

## 16. Waiver Comprehension and Impact

16.a How would you characterize your knowledge of your county's Waiver Project?

16.b Describe the Waiver Project's influence on your day-to-day work with children and families.

16.c Do you feel the Waiver Project is having a positive effect on the child welfare environment in your county?

16.d Do you feel a wider array of services for your clients have become available in the last 9 months?

## SITE VISIT 2 GUIDE—PROBATION OVERALL

## 1. Internal Case Management

### 1.a Screening process

1.a.1   Describe process when the police bring a youth to juvenile hall:

1.a.2   What are the criteria used by the staff to screen out at the initial referral?

1.a.3   Does Probation have a screening tool that is used to systematically determine whether a case should be accepted or "booked"?

1.a.4   If yes: Does the screening tool:
--Include Risk Assessment items
--Focus on family strengths?

1.a.5   Is there designated screening staff?

1.a.6   If so, what are the qualifications of the staff that screens cases?
--Ordinary workers
--Additional education
--Additional training
--Other (i.e. supervisor)

1.a.7   How long have you been using this screening approach?

1.a.8   Is data on screenings systematically kept in an automated system?

### 1.b Investigation

1.b.1   Describe intake/investigation process.

1.b.2   Do Investigators use any kind of risk-assessment tool?

1.b.3   When did you initiate the risk assessment process?

1.b.4   What criteria go into the various disposition recommendations?
-informal
-formal
-placement
-camp
-CYA

1.b.5   How much variability is there in disposition recommendations?

1.b.6   Who completes the Investigation for a youth already in Placement?

1.b.7   Is there any oversight of the recommendation before it goes to the Court?

*1.c Placement*

1.c.1   What is the process once the Court orders a youth into placement?

1.c.2   Who/how is the decision made regarding relative, FPU, or group home?

1.c.3   Has that process change in the last 9 months?

*1.d Case Trajectory:*

1.d.1   What are the various placement outcomes that are sought?

1.d.2   What level of influence do DPOs and SDPOs have on those outcomes?

1.d.3   Are their barriers to DPOs/SDPOs having more influence?

1.d.4   If returning home is the primary outcome, what happens with youth where there is no home to return to (i.e., 300 to 602 kids)

*1.e Group Homes*

1.e.1   Describe the quality of group homes available.

1.e.2   What is the availability of group homes?

*1.f Relative Placements:*

1.f.1   What is Probation's approach to relative placements—when used?

1.f.2   Under what conditions would a relative's home be licensed? Approved in another way?

1.f.3   Under what conditions would a relative be paid a foster care rate (vs. eligible for TANF)?

1.f.4   If a relative is paid a foster care rate, is it the same as the regular foster care rate?

1.f.5   Are there any other subsidies or assistance provided to relatives?

1.f.6   Are there any system/resource issues impacting the use of kin placements?

*1.g Unit structure*

    1.g.1   What is *current* Probation unit structure for bulk of cases? vertical?

    1.g.2   When was the most recent change in unit structure?

    1.g.3   Do you have any specialized unit to serve different populations?

*1.h Caseload Monitoring*

    1.h.1   Are you doing any caseload monitoring in your case management processes?

    1.h.2   What is the caseload size in different units?

## 2. Court Involvement

2.a How would you describe DCFS's relationship with the Court?

2.b Are there specific issues? (e.g., not dismissing, ordering particular services)

## 3. Service Array

3.a What are three services (internal or external) that are most sufficient in your county (can access whenever needed)?

3.b What are three services (internal or external) that are most problematic to access for your clients?

    3.b.1   Service Gaps: How are these services insufficient?

    3.b.2   How do you deal with the insufficiency?

3.c New services: In the last year, what new services (internal and external) have been developed in your county?

3.d Have there been changes in the way you are using particular services (e.g. using family pres now to support reunification, rather than last effort to prevent placement)?

3.d Has Probation consciously shifted service focus in the last year?

    3.d.1   If yes, in what direction?

3.e How is this shift in service focus reflected in internal staffing and in contracting?

3.f How geographically accessible are services (direct or contract provided) to families? How has this been addressed (e.g. transportation, community-based branch)? Describe improvements or issues that need to be addressed.

3.g Generally, who decides what services a youth receives?

3.h Generally, who decides what providers serve a youth?

3.i How much discretion do workers have in what services to provide to a youth?
   -Very clear and formal practice guidelines

## 4. Targeting

4.a Is Probation providing services (directly or by contract) to a demographic/cultural subgroup? If yes, what subgroup is targeted?

4.b What unique services are provided to these special populations (dedicated unit, dedicated services)?

4.c What services are not sufficiently available for this population?

4.c What are your plans for change in the area of population targeting?

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16.d Do you feel a wider array of services for your clients have become available in the last 9 months?


## 17. Implementation

*17.a The Waiver and Other Probation activities.*

17.a.1 How does the Waiver fit in with the overall philosophical approach being taken by Probation to improve outcomes?

17.a.2 What is the relationship between Probation's Waiver Plan and the SIP?

*17.b Monitoring Implementation*

17.b.1 Describe the structure and the process for monitoring the implementation of the Waiver project.

17.b.2 How are external groups involved in the monitoring process of the Waiver project?

*17.c Management Information System*

17.c.1 Describe Probation's management information system (MIS) capacity?

17.c.2 What are the various sources (internal/external) of information necessary to inform decision-making?

17.c.3 Are the information sources integrated and linked to outcomes?

17.c.4 Are there plans for changes in MIS capacity?

*17.d Decision-Making*

17.d.1 Who has the authority to make decisions made about future Waiver activities/directions?

17.d.2 What is the process for arriving at those decisions?

*17.e Implementation of the Department's Project Plan (program)*

17.e.1 What is the status of the current sequence of service programs to be implemented? (insert the specific service programs depending on county and agency)

17.e.2 What have been some of the barriers to getting those programs implemented and how has the agency responded?

17.e.3 What kinds of policy, program, and staffing changes have been necessary for implementation of the programs?

17.e.4 What has been the role of the union in this process?

*17.f Fiscal Implementation*

17.f.1 Describe the ongoing mechanisms for implementing the fiscal aspects of the Waiver including tracking revenue and reporting expenditures.

17.f.2 Describe the results of monitoring expenditures and assessing the effectiveness of services to date.

17.f.3 What expenditures have been claimed for expanded services to date under the Waiver?

17.f.4 Describe any efficiencies in spending achieved in the most recent state fiscal year. Describe any savings that have occurred to date under the Waiver.

17.f.5 Describe any fiscal barriers that have occurred to date in administering the Waiver.

*17.g Implementation Inputs*

17.g.1 What kinds of changes in the organization of the agency have been necessary (i.e., Waiver coordinator positions)

17.g.2 What kinds of technical assistance have been necessary to implement the Waiver.

17.g.3 How crucial to a successful implementation is the involvement of Casey Family Programs?

17.g.4 Are there other kinds of "inputs" necessary for a successful implementation (e.g., other waivers)

*17.h Implementation Barriers and Facilitators (internal or within the professional community)*

    17.h.1 What kinds of barriers have inhibited implementation? How have you over come them?

    17.h.2 What kinds of things have facilitated implementation?

*17.i Leadership*

    17.i.1 What kind of leadership is necessary for a successful implementation of the Waiver?

    17.i.2 Has that idea shifted as the Waiver has gone on?

*7.j Contextual Factors*

    17.j.1 What community factors affect the implementation?
        -demographic characteristics
        -politics
        -media
        -interest groups

    17.j.2 Describe the relationship with the Board of Supervisors.

    17.j.3 What strategies have been used to inform external groups and keep them involved?

    17.j.4 What has been the impact of other local and/or state initiatives?

## CAP EVALUATION BASELINE SURVEY QUESTIONNAIRE

### I. Agency Respondent:

Title of the Person(s) responding to Survey:

### II. Baseline Strategies

This survey is used to gather information on intervention strategies available in the county just prior to the onset of the CAP (i.e., Pre-CAP strategies). In this context, the term "strategy" is used to refer to either (a) a specific service (e.g., homemaker services), (b) a practice (e.g., family conferencing), or (c) a support (e.g., specialized training for care managers). It is recognized that the CAP implementation will not be an "all at once" endeavor and that some strategies may be phased in. Responses can be inserted into this document or attached.

1. Please provide specific examples of any strategies currently (i.e., just prior to the onset of the CAP) employed to *prevent and/or divert out-of-home placements*. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).

2. Please provide specific examples of any strategies currently (i.e., just prior to the onset of the CAP) employed to *reduce lengths of stay* in out-of-home care. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).

3. Please provide specific examples of any strategies currently (i.e., just prior to the onset of the CAP) employed to *engage families in service planning*. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).

### III. Inventory of existing services (See Excel File: Baseline Services Survey Table)

For each of the services in the table, please indicate if it is available in your county. The list is long, but is intended to be inclusive of various services and supports that can be provided to families. Feel free to add in any additional services that were inadvertently omitted from this inventory. Also, feel free to alter any "closely-named" items from the list to reflect your county's current activities.

The table refers to services that the child welfare agency or contractors provide. It does not include services referred to or that are provided by other (non-contracted) agencies.

CAP Evaluation – Baseline Services Survey Table

| Services/Programs | Available (Y/N) | Service/Program Title (if applicable) | Accessible to Entire County (Y/N) | Contracted (C) or Provided by Public Agency (PA) |
|---|---|---|---|---|
| Adult education (including GED classes) | | | | |
| Alternative Response | | | | |
| Assessments and evaluations | | | | |
| Behavior management | | | | |
| Camp(s) | | | | |
| Crisis Intervention services | | | | |
| Crisis Stabilization Unit | | | | |
| Culturally-specific services | | | | |
| Dependency shelter facility | | | | |
| Dependency shelter homes | | | | |
| Diversion and coordination services | | | | |
| Domestic violence advocacy | | | | |
| Domestic violence services (perpetrator) | | | | |
| Domestic violence services (victim) | | | | |
| Early intervention services (0-5) | | | | |
| Educational and training services | | | | |
| Educational stabilization | | | | |
| Emergency cash assistance | | | | |
| Employment services | | | | |
| Family counseling | | | | |
| Family Group Decision Making | | | | |
| Family planning services | | | | |
| Family preservation services | | | | |
| Family support services | | | | |
| Family therapy | | | | |
| Father-specific groups/services/supports | | | | |
| Food bank(s) | | | | |
| Housing services | | | | |
| Independent and transitional living services | | | | |
| Individual counseling | | | | |
| Individual therapy | | | | |
| Information & Referral Services | | | | |
| Kinship support services | | | | |
| Mobile crisis services | | | | |
| Outreach to families | | | | |
| Parent support and advocacy | | | | |

CAP Evaluation - Baseline Services Survey Table

| Service | | |
|---|---|---|
| Parent training and support | | |
| Parenting groups | | |
| Post-reunification supervision | | |
| Pregnancy and parenting services for young parents | | |
| Psychiatric hospital | | |
| Public transportation | | |
| Residential group care | | |
| Respite care for foster parents | | |
| Respite care for other caregivers | | |
| Sexual abuse counseling (perpetrator) | | |
| Sexual abuse counseling (victim) | | |
| Specialized after school programs | | |
| Specialized trauma counseling | | |
| Structured Decision Making | | |
| Subsidized childcare | | |
| Substance abuse outpatient | | |
| Substance Abuse Treatment Center | | |
| Supervised Independent Living | | |
| Team Decision Making | | |
| Therapeutic foster care | | |
| Therapeutic Group Home(s) | | |
| Therapeutic recreation | | |
| Transportation services | | |
| Trauma/recovery services | | |
| Tutoring | | |
| Utility assistance | | |
| Visitation support | | |
| Youth mentoring services | | |
| Other: | | |
| Other: | | |
| Other: | | |